Rama Medical College Hospital & Research Centre

Mandhana, Kanpur

CONSENT FORM

I .....son of.....exercising my free power of choice, hereby give my consent to be included in the study **"Seminal analysis, Dermatoglyphics, and molecular gene Studies in young unmarried male -A tool for marriage counselling."** I hereby give my consent for information related to me to be reported in the research study.

I understand that my name and identity will be concealed.

Once signed, I cannot revoke my consent.

(To be explain in detail in native language)

सहमति फार्म

मैं.....पुत्र ..... स्वयं इस अध्ययन में भाग ले रहा हूं I मैं स्वयं मुझेसे संबंधी सूचना इस अध्ययन कार्य में प्रकाशित करने की सहमति देता हूं I मैं समझता हूं कि मेरा पहचान गोपनीय रखी जाएगी।

एक बार हस्ताख्रर के पश्चात मैं सहमति रद्द नहीं कर सकता हूं I

सहभागी

नाम:.....

हस्ताख्रर/अगुठेका निशान:.....

दिनाक:.....

ANNEXURES

PROFORMA FOR PATIENT INVESTIGATIONS

OPD NUMBER:

NAME:

S/O NAME:

AGE:

OCCUPATION:

INCOME:

ADDRESS:

CONTACT NO-

GENERAL PHYSICAL EXAMINATION:

BUILT & NOURISHMENT: POOR / MODERATE / GOOD

TEMPERATURE: PULSE:

HEIGHT: WEIGHT: B.P:

ON EXAMINATION:

SEMINAL ANALYSIS:-

- Sperm shape:-
- Viscosity:-
- Volume:-
- PH :-
- Motility:-
- Sperm count :-

GENETIC FINDINGS: Molecular Gene Studies In Young Unmarried Male By Conventional PCR **.**
DERMATOGLYPICS: